



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

RECEIVED

05 JAN 31 P1:49

STATE OF HAWAII
STATE ETHICS COMMISSION

MO/26

TIME
CARL 2

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
Matsunaga	Matthew	Masao	523-2500
MAILING ADDRESS (Street)			FAX
1001 Bishop Street, ASB Tower, Suite 2200			523-0842
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Carlsmith Ball LLP			523-2500
MAILING ADDRESS (Street)			FAX
1001 Bishop Street, ASB Tower, Suite 2200			523-0842
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE	
Timeshare Liquidators of Hawaii, LLC	(808) 245-9325	
MAILING ADDRESS (Street)	FAX	
4767 Hoomana Road	(808) 245-6858	
(City)	(State)	(Zip Code)
Lihue	Hawaii	96766
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Ben Bregman		(808) 245-9325
MAILING ADDRESS (Street)		FAX
4767 Hoomana Road		(808) 245-6858
(City)	(State)	(Zip Code)
Lihue	Hawaii	96766

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture

Education

Human Services

Science, Technology &
Economic DevelopmentCommunications &
Public UtilitiesGovernment Operations &
FinanceIntergovernmental Relations,
International Affairs

Tourism & Recreation

Consumer Protection &
Commerce

Hawaiian Affairs

Labor & Employment

Transportation

Culture, Arts, Historic
Preservation

Health

Planning, Land & Water
Use Management


Other: (indicate below)

Ecology, Energy
Environmental Protection

Housing

Public Safety & Corrections

PART IV CERTIFICATION OF LOBBYIST*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*
(Signature of Lobbyist)1/31/05
(Date)**PART V AUTHORIZATION TO LOBBY**

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Ben Bregman		Managing Member	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
Timeshare Liquidators of Hawaii, LLC		(808) 245-9325	
MAILING ADDRESS (Street)		FAX	
4767 Hoomana Road		(808) 245-6858	
(City)	(State)	(Zip Code)	
Lihue	Hawaii	96766	
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>			
 (Signature of Authorizing Officer or Person Represented)		1/31/05 (Date)	